



Whitman Recreation 2016 Pool Pass Application

Daily Pass # _____

Season Pass # _____

Season Family Pass- \$90 Allows unlimited access to Town pool during open swim hours

Daily Pass- \$5 Allows one day access to Town pool during open swim hours, Purchase

Anytime online or in person at the Recreation Office or Town Pool

Early Registration Special Save \$\$\$

\$80 for the season pass must be paid ONLINE between April 1 2016 – May 1 2016

Season Pass purchase after May 1 will cost \$90 per season

Pool is available for private rentals \$150 for 2 hours

Last Name _____ Date _____

Address: _____

Adults 18 and over: (each must have proof of age and residency)

Name

_____	_____
_____	_____
_____	_____

Children living in the home

Name

D.O.B

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This pass will allow you into the pool during all open swim times. Please be aware that during swimming lessons, swim meets, and private rentals you will not be admitted into the pool area with this pass. Open swim times will be posted at the pool. Hours may vary due to swim team activities.

GENERAL PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT FOR USE OF TOWN POOL BY MINORS

I/We, the undersigned father and/or mother or guardian(s) of the aforementioned minor(s), do hereby consent to his/her participation in Town of Whitman Recreation Department Pool activities and/or or programs and/or his/her general use of the Town's swimming pool.

I/We further authorize the agents and/or employees of the Town of Whitman who is/are supervising such minor while on the Pool premises and/or while using the Pool facilities to require such minor to comply with any rules, standards of behavior or instructions such agent and/or employee may reasonably establish. I/We agree that such agent and/or employee shall have the right to enforce such rules, standards of behavior or instructions and shall have the further right to terminate such minor's Pool privileges at any time when such agent and/or employee considers the conduct of such minor incompatible with the interest, harmony, comfort or welfare of the other users of the Pool facilities or with the minor's own safety or welfare. Possession, sale, distribution or use of illegal drugs or alcohol will constitute grounds for terminating the minor's Pool privileges. I/We accept in good faith the determination of such agents and/or employees in all matters relating to the supervision of such minor while participating in the Town of Whitman Recreation Department Pool program or using the Town of Whitman Pool facilities.

In signing this consent, I/we hereby authorize the staff of the Town of Whitman Recreation Department and/or Pool or Town of Whitman Police, Fire, or Emergency Services Personnel to take said minor(s) to a Hospital facility in the event that he/she becomes ill or is injured such that he/she requires immediate medical attention while at the Town of Whitman Pool facilities and the staff of the Town of Whitman Recreation Department or Pool is unable to contact me/us or the emergency references listed under the section of this agreement titled "EMERGENCY CONTACT INFORMATION; in which event I/we also authorize any member of the staff of the Town of Whitman Recreation Department or Pool to consent to medical treatment for our above mentioned minor children, including but not limited to medical or surgical diagnosis, examination and treatment, x-rays, anesthesia or hospital care when the need for such treatment is immediate and the efforts of the staff to contact me/us are unsuccessful. This treatment is to be rendered upon the general or specific supervision or on the advice of any physician licensed to practice in Massachusetts. In signing this consent, I/we further authorize the staff of the Town of Whitman Recreation Department and/or Pool to release our above listed minor child(ren) into the care and custody of the persons listed in the section titled "EMERGENCY CONTACT INFORMATION."

I/We do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Whitman, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her

majority resulting or to result from his/her participation in the Town of Whitman Recreation Department Pool program or his/her use of the Town's pool, the rendering of medical care and treatment as authorized herein or the release of the above listed minor children to the custody of the persons listed under section headed "EMERGENCY CONTACT INFORMATION."

FURTHERMORE, I/we hereby agree to protect the Town of Whitman and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Town of Whitman Recreation Department Pool program or his/her use of the Town Pool, the rendering of the medical care and treatment authorized herein or the release of said minor to the custody of the persons listed below, and to INDEMNIFY, reimburse or make good to the Town of Whitman or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's participation in the Town of Whitman Recreation Department Pool program or his/her use of the Town Pool, the rendering of medical care and treatment as authorized herein or his/her release to the persons listed in the section titled

Signature of Parent(s) or Guardian(s)

Date

Relationship to Minor

Witness: _____

EMERGENCY CONTACT INFORMATION

Parents or Guardians

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Other Emergency References

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Insurance Information:

Insurance Carrier:

Group or Individual Insurance Policy No.

Primary Care Physician and Pediatrician

Name: _____ Tele: No: _____

Address: _____

Name: _____ Tele: No: _____

Address: _____